



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

02 October 2018

Shone Penelope Margaret

66 Garlick Ave
Singapore 279674

Dear Sir/ Mdm

OUR REF : CC4/ASM18017242/R1wb3
YOUR REF : SGS 1927L

**ACCIDENT INVOLVING SGS 1927L & SHC 7299Z ALONG SWISS CLUB ON
20/09/2018**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from **Ding Auto Pte Ltd** acting on behalf of the owner of SHC 7299Z against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to Vivianlau@lkkauto.com within 7 days **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us 6841 8625 or email us at Vivianlau@lkkauto.com

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Vivian Lau
Case Handler
DID: 6841 8625
FAX: 6741 4108
EMAIL: Vivianlau@lkkauto.com

c.c. AXA Insurance Pte Ltd
(Motor Claims Dept)

LETTER OF AUTHORITY

ACCIDENT INVOLVING S# C 7299Z & SGS 1927 L ON 20/9/18.

I, SEE MENG KWANG NRIC NO. 1272423 C of
citycab pte ltd owner/ hirer of the Vehicle Registration
No. S# C 7299Z hereby authorize **Ding Automotive Pte
Ltd** to submit, correspond, negotiate and settle my claim for
cost of repair and uninsured losses arising from the above
accident.

I further authorize that agreed settlement sum for cost of
repair, loss of income and rental, survey report fee, third
party vehicle insurance particulars enquiry fee etc. Be made
in favour of the **Ding Automotive Pte Ltd** and that the said
payment be forwarded to them as full and final discharge of
my claim.

SIGNED BY:



DATE:

20/9/18



redefining / insurance

Without Prejudice
to our driver's Injury Claim

CLAIM REF : S8M00WBL
INSURED : SHONE PENELOPE MARGARET

DISCHARGE VOUCHER

We, **DING AUTOMOTIVE PTE LTD** confirm that by letter of authorisation dated 20/09/2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of CITYCAB Pte Ltd and the Hirer, SEE MENG KWANG of vehicle no. SHC 7299Z.

Now we **DING AUTOMOTIVE PTE LTD** for ourselves and the said Hirer and the driver jointly and severally:-

- agree to accept the sum of Singapore Dollars Five Thousand Five Hundred only (S\$5,500.00) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no SGS 1927L arising out of an accident with SHC 7299Z on 20/09/2018.
- declare that **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SGS 1927L arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of **DING AUTOMOTIVE PTE LTD** is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SGS 1927L.

Dated this 20 day of December 2018

Signed by

(AUTHORISED SIGNATORY)

Company Stamp



Witness :

Name :

I/C No :

Address :

Michelle Fang

S9074497E

Blk 10 #01-20 Sin Ming Industrial
Est. 2c.C Singapore 575645

DING AUTOMOTIVE PTE LTD

Business Reg. No : 201619222G

BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645

Tel: 6452 1208 Fax: 6452 0614

TAX INVOICE**AXA INSURANCE PTE LTD**8 SHENTON WAY #27-01, AXA TOWER
SINGAPORE 068811

ATTN :

TEL :

FAX :

INVOICE : I-000482
DATE : 20/12/2018
GST REG NO : 201619222G
TERMS : C.O.D.
PO NO : SGS1927L
OUR REF : SHC7299Z
PAGE : 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	Repair Cost - SHC7299Z	1	4,759.61	4,759.61
REMARKS : REPAIR COST FOR SHC7299Z TP CLAIM AGAINST SGS1927L		SUB TOTAL	:	4,759.61
		GST	:	333.17
		TOTAL SGD	:	5,092.78
		DEPOSIT	:	
		O/S BALANCE	:	

FOR DING AUTOMOTIVE PTE LTD



Authorised Signature

Customer Signature

I have inspected and hereby confirmed that
the job done and the amount due herein
are entire to my satisfaction

Our Ref: CC18090552



Date: 20 September 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	20/09/2018 @ 11:40 hrs
ALONG	IN SWISS CLUB PARKING LOT .
INVOLVING	SGS1927L

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC7299Z** (the "Taxi"). The Taxi was hired to **SEE MENG KWANG IC NO S1272423C** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-145731
Date of Request: 20/09/2018

Your Ref No: Online Purchase

Ding Auto Pte Ltd
Blk 10, #01-20
Sin Ming Industrial Estate Sector C
Singapore 575645

Dear Sir/Madam,

Enquiry Date: 20/09/2018
Enquiry By: You Jing Feng
TP Vehicle No.: SGS1927L
Accident Date: 20/09/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGS1927L	AXA Insurance Pte Ltd	08/05/2018-07/05/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-145731
Date of Request: 20/09/2018

Your Ref No: Online Purchase

Ding Auto Pte Ltd
Blk 10, #01-20
Sin Ming Industrial Estate Sector C
Singapore 575645

Dear Sir/Madam,

Enquiry Date 20/09/2018
Enquiry By You Jing Feng
TP Vehicle No. SGS1927L
Accident Date 20/09/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque